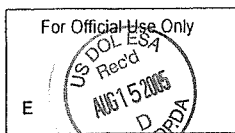


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7043</u>	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Kenneth Nelligan</u> P.O. Box, Bldg., Room No., if any Street <u>3954 Dickersonville Road</u> City <u>Ransomville</u> State <u>New York</u> ZIP Code + 4 <u>14131</u>	4. Name, file number, and address of labor organization. Name <u>Truck Drivers Local Union 449</u> Labor Organization File Number <u>002199</u> P.O. Box, Building and Room Number, if any Street <u>2175 William Street</u> City <u>Buffalo</u> State <u>New York</u> ZIP Code + 4 <u>14206</u>
5. Position in labor organization. <u>Business Manager for Local 449</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Automobile Transporters Welfare Fund of NY</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>P.O. Box 248</u> Street <u>91 Union Road</u> City <u>Hamburg</u> State <u>New York</u> ZIP Code + 4 <u>14075</u>	7.a. Nature of Interest, Transaction, or Income. <u>Reimbursement for lunch for Trustee meeting. Lunch is provided to Trustees attending regular and special Trustees meetings for the Automobile Transporters Welfare Fund of New York. Lunch is brought into the meeting and paid for by Mr. Nelligan and subsequently reimbursed him by the Fund.</u> 7.b. Amount. \$ 49 01/02/04 Reimbursement for lunch for Trustee Meeting 47 02/10/04 Reimbursement for lunch for Trustee Meeting 59 06/03/04 Reimbursement for lunch for Trustee Meeting 47 11/18/04 Reimbursement for lunch for Trustee Meeting \$ 202 Total

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenneth E Nelligan</u>	On <u>8-8-05</u> Date	<u>716-874-2200 Ex 15</u> Telephone Number